

Please include your e-mail: _____

APPLICATION FOR EMPLOYMENT

City of Worthington

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability/handicap, marital or veteran status, sexual orientation, ancestry, or any other legally protected status.

(PLEASE PRINT)					
Position(s) Applied For			Date Of Application		
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____			
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment Yes No

On what date would you be available to work?

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location				
Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extracurricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD

You may exclude memberships which would reveal race, color, religion, creed, gender, national origin, age, disability/handicap, marital or veteran status, sexual orientation, ancestry, or any other legally protected status:

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe _____

DISCRIMINATION ON THE BASIS OF DISABILITY IS PROHIBITED BY LAW.

Answer this question after reviewing a description of the job applied for:

Are you able to perform the essential functions of this position? Yes No

If no, is there a reasonable accommodation which can be made to enable you to perform the essential functions of this job?

Yes No (If yes, please complete the attached form)

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, creed, gender, national origin, age, disability/handicap, marital or veteran status, sexual orientation, ancestry, or any other legally protected status.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	To	
	Job Title	Supervisor		
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	To	
	Job Title	Supervisor		
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	To	
	Job Title	Supervisor		
	Reason for Leaving			
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	To	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special Job-related skills and qualifications acquired from employment or other experience.

APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time for any reason, except as otherwise determined by the Codified Ordinances of the City of Worthington or applicable law. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the City.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
Name & Title Date

NOTES: _____



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COUNCIL • MANAGER • GOVERNMENT

EQUAL EMPLOYMENT OPPORTUNITY APPLICANT INFORMATION

To help us comply with Federal Laws regarding Equal Employment Opportunity record keeping, please answer the following questions as they apply. This form will be retained in a confidential file separate from your employment application.

COMPLETION OF THIS FORM IS VOLUNTARY

Name: _____ Social Security Number: _____

Position for which you are applying: _____ Date: _____

Sex: _____ Male _____ Female Date of Birth: _____

RACE/ETHNIC GROUP:

___ White - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

___ Black - Persons having origins in any of the black racial groups of Africa.

___ Hispanic - Persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

___ American Indian or Alaskan Native - Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

___ Asian/Pacific Islanders - Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands, and Samoa.

___ Vietnam-Era Veteran - any veteran of the armed forces who, between August 5, 1964 and May 7, 1975, served on active duty for at least 181 consecutive days.

___ Disabled Veteran - Any veteran entitled to disability compensation through the Veterans Administration for a disability rated at 30% or more; or any veteran discharged or released from active duty for a disability incurred or aggravated in the line of duty.

___ Handicapped - Physical or mental handicap which substantially limits one or more major life activity.